

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9278

State File No.

BIRTH NO. <u>FILED MAR 18 1954</u>		REG. DIST. NO. <u>383</u>	PRIMARY REG. DIST. NO. <u>5655</u>	Registrar's No. <u>64</u>
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> c. CITY OR TOWN <u>Steele</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mt. Vernon</u>		c. LENGTH OF STAY (In this place) <u>1269 days</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mt. Vernon Mo State Sanatorium</u>		e. STREET ADDRESS (If rural, give location) <u>0780</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) c. (Last) <u>Dent</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 10, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-30-01</u>	9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>Will Dent</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Marshall</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>San. records, Mo. S. S., Mt. Vernon, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>abt. 4 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>9-16-</u> , 19 <u>50</u> , to <u>3-10-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-10-</u> , 19 <u>54</u> , and that death occurred at <u>4:30 a. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>C. P. Bresler M.D.</u>		23b. ADDRESS <u>Mt. Vernon, Mo.</u>		23c. DATE SIGNED <u>3-10-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-10-54</u>		24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) <u>Steele, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>3-10-54</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. O. Fasutty - Mt. Vernon, Mo.</u>

(Licensed Embalmer) Statement on Reverse Side

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. D. Fawcett*

Licensed Embalmer No. *220*

P. O. Address *Mt. Vernon*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.